## Supplemental Application Data Sheet

### **Application Information**

OCT 2 9 2064

Application number:: 09/851,650

Filing Date:: 05/08/01

Application Type:: Divisional Regular

Subject Matter:: Utility

Suggested Group Art Unit:: 1652

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: PRODUCTION OF POLYKETIDES IN

**BACTERIA AND YEAST** 

Attorney Docket Number:: 300622001610

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: Seven

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Philip-J.

Middle Name:: J.

Family Name:: BARR

City of Residence:: Oakdale

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 5602 Denton Place

City of mailing address:: Oakland

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94619

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Daniel-V-

Middle Name:: V.

Family Name:: SANTI

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 211 Belgrave Avenue

City of mailing address:: San Francisco

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94117

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Gary-W.

Middle Name:: W.

Family Name:: ASHLEY

City of Residence:: Alameda

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 3832 Bay Center Place

City of mailing address:: Hayward

State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94545

Applicant Authority Type:: Inventor

Primary Citizenship Country:: DE

Status:: Full Capacity

Given Name:: Rainer

Family Name:: ZIERMANN

City of Residence:: San Mateo

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 3908 Leona Street

City of mailing address:: San Mateo

State or Province of mailing address:: CA

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**Representative Information** 

Representative Customer Number:: 25225

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/422,073	10/21/99
09/422,073	Continuation of	08/989,332	12/11/97
08/989,332	An application claiming the benefit under 35 USC 119(e)	60/033,193	12/18/96

# **Foreign Priority Information**

Country::	Application number::	FilingDate::	Priority Claimed::
European Community	PCT/US97/23014	<del>12/12/97</del>	Yes